

SERFF Tracking Number: EMCC-125640418 State: Arkansas
First Filing Company: EMC Property & Casualty Company, ... State Tracking Number: EFT \$50
Company Tracking Number: AR-EB-2008-01
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0008 Employee Benefit Liability
Product Name: Employee Benefits
Project Name/Number: /

Filing at a Glance

Companies: EMC Property & Casualty Company, Union Insurance Company of Providence

Product Name: Employee Benefits

SERFF Tr Num: EMCC-125640418 State: Arkansas

TOI: 17.0 Other Liability - Claims

SERFF Status: Closed

State Tr Num: EFT \$50

Made/Occurrence

Sub-TOI: 17.0008 Employee Benefit Liability

Co Tr Num: AR-EB-2008-01

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Author: Jo Byers

Disposition Date: 05/13/2008

Date Submitted: 05/08/2008

Disposition Status: Approved

Effective Date Requested (New): 07/01/2008

Effective Date (New):

Effective Date Requested (Renewal): 07/01/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 05/13/2008

State Status Changed: 05/13/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

May 8, 2008

Commissioner of Insurance

Arkansas Insurance Department

1200 West Third St.

Little Rock, AR 72201-1904

SERFF Tracking Number: *EMCC-125640418* *State:* *Arkansas*
First Filing Company: *EMC Property & Casualty Company, ...* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *AR-EB-2008-01*
TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0008 Employee Benefit Liability*
Product Name: *Employee Benefits*
Project Name/Number: */*

UNION INSURANCE COMPANY OF PROVIDENCE – 062-21423

EMC PROPERTY & CASUALTY COMPANY – 062-25186

Employee Benefits Liability

Form Filing

Introduce New Companies

Company File # AR-EB-2008-01

Effective: July 1, 2008

We are pleased to introduce Union Insurance Company of Providence and EMC Property & Casualty Company. These companies are members of the EMC Insurance Companies group. We currently have an independent Employee Benefits Liability program on file with your department under Employers Mutual Casualty Company and EMCASCO Insurance Company. These new companies will be available for policies written on or after July 1, 2008.

Our currently filed forms and endorsements for this program will be applicable to Union and EMC P&C. A listing of our currently filed forms and endorsements is attached.

We supplement this filing with the \$50.00 filing fee (EFT), Property and Casualty Transmittal Document, and Forms List.

We respectfully request your approval of this filing, to be applicable to policies written on or after July 1, 2008. Thank you.

Jo L. Byers, Filings Analyst

Rates and Filings Dept.

(800) 247-2128 Ext. 2707

jo.l.byers@emcins.com

Company and Contact

Filing Contact Information

Jo Byers, Filings Analyst

PO Box 712

Jo.L.Byers@EMCIns.com

(800) 247-2128 [Phone]

SERFF Tracking Number: EMCC-125640418 State: Arkansas
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Product Name: Employee Benefits
Project Name/Number: /

Des Moines, IA 50306-0712 (515) 345-2223[FAX]

Filing Company Information

| | | |
|---------------------------------|-------------------------|-------------------------|
| EMC Property & Casualty Company | CoCode: 25186 | State of Domicile: Iowa |
| 717 Mulberry Street | Group Code: 62 | Company Type: P & C |
| Des Moines, IA 50309 | Group Name: | State ID Number: |
| (800) 247-2128 ext. [Phone] | FEIN Number: 63-0329091 | |

| | | |
|---------------------------------------|-------------------------|-------------------------|
| Union Insurance Company of Providence | CoCode: 21423 | State of Domicile: Iowa |
| 717 Mulberry Street | Group Code: 62 | Company Type: P & C |
| Des Moines, IA 50309 | Group Name: | State ID Number: |
| (800) 247-2128 ext. [Phone] | FEIN Number: 05-0230479 | |

SERFF Tracking Number: EMCC-125640418 State: Arkansas
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Company Tracking Number: AR-EB-2008-01
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0008 Employee Benefit Liability
Product Name: Employee Benefits
Project Name/Number: /

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|---------------------------------------|---------|----------------|---------------|
| EMC Property & Casualty Company | \$50.00 | 05/08/2008 | 20174588 |
| Union Insurance Company of Providence | \$0.00 | 05/08/2008 | |

SERFF Tracking Number: EMCC-125640418 State: Arkansas
First Filing Company: EMC Property & Casualty Company, ... State Tracking Number: EFT \$50
Company Tracking Number: AR-EB-2008-01
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0008 Employee Benefit Liability
Product Name: Employee Benefits
Project Name/Number: /

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|----------|---------------|------------|----------------|
| Approved | Edith Roberts | 05/13/2008 | 05/13/2008 |

SERFF Tracking Number: EMCC-125640418 State: Arkansas
First Filing Company: EMC Property & Casualty Company, ... State Tracking Number: EFT \$50
Company Tracking Number: AR-EB-2008-01
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0008 Employee Benefit Liability
Product Name: Employee Benefits
Project Name/Number: /

Disposition

Disposition Date: 05/13/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment: "Me too" filing.

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

| | |
|---|--------|
| Overall Percentage Rate Indicated For This Filing | 0.000% |
| Overall Percentage Rate Impact For This Filing | 0.000% |
| Effect of Rate Filing-Written Premium Change For This Program | \$0 |
| Effect of Rate Filing - Number of Policyholders Affected | 0 |

SERFF Tracking Number: *EMCC-125640418* *State:* *Arkansas*
First Filing Company: *EMC Property & Casualty Company, ...* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *AR-EB-2008-01*
TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0008 Employee Benefit Liability*
Product Name: *Employee Benefits*
Project Name/Number: /

| Item Type | Item Name | Item Status | Public Access |
|----------------------------|--|--------------------|----------------------|
| Supporting Document | Uniform Transmittal Document-Property & Casualty | Approved | Yes |
| Supporting Document | Forms List | Approved | Yes |

| | | | |
|--------------------------|---|------------------------|------------------------------------|
| SERFF Tracking Number: | EMCC-125640418 | State: | Arkansas |
| First Filing Company: | EMC Property & Casualty Company, ... | State Tracking Number: | EFT \$50 |
| Company Tracking Number: | AR-EB-2008-01 | | |
| TOI: | 17.0 Other Liability - Claims Made/Occurrence | Sub-TOI: | 17.0008 Employee Benefit Liability |
| Product Name: | Employee Benefits | | |
| Project Name/Number: | / | | |

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: EMCC-125640418 State: Arkansas
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Product Name: Employee Benefits
Project Name/Number: /

Supporting Document Schedules

| | | Review Status: | |
|-------------------------|--|----------------|------------|
| Satisfied -Name: | Uniform Transmittal Document-Property & Casualty | Approved | 05/13/2008 |

Comments:

Attachment:

pctd.pdf

| | | Review Status: | |
|-------------------------|------------|----------------|------------|
| Satisfied -Name: | Forms List | Approved | 05/13/2008 |

Comments:

Attachment:

Forms list.pdf

Property & Casualty Transmittal Document

| | | | | | | | | | | | | | | | | | | | | | |
|---|--|---------------------------------|--|-------------|--|-----------------|--|---------------------------------------|--|------------------------------|--|--------------|--|------------------|--|--------------------|--|--------------------|--|------------------|--|
| 1. Reserved for Insurance Dept. Use Only | 2. Insurance Department Use only <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">a. Date the filing is received:</td><td style="width: 50%;"></td></tr> <tr><td>b. Analyst:</td><td></td></tr> <tr><td>c. Disposition:</td><td></td></tr> <tr><td>d. Date of disposition of the filing:</td><td></td></tr> <tr><td>e. Effective date of filing:</td><td></td></tr> <tr><td style="text-align: center;">New Business</td><td></td></tr> <tr><td style="text-align: center;">Renewal Business</td><td></td></tr> <tr><td>f. State Filing #:</td><td></td></tr> <tr><td>g. SERFF Filing #:</td><td></td></tr> <tr><td>h. Subject Codes</td><td></td></tr> </table> | a. Date the filing is received: | | b. Analyst: | | c. Disposition: | | d. Date of disposition of the filing: | | e. Effective date of filing: | | New Business | | Renewal Business | | f. State Filing #: | | g. SERFF Filing #: | | h. Subject Codes | |
| a. Date the filing is received: | | | | | | | | | | | | | | | | | | | | | |
| b. Analyst: | | | | | | | | | | | | | | | | | | | | | |
| c. Disposition: | | | | | | | | | | | | | | | | | | | | | |
| d. Date of disposition of the filing: | | | | | | | | | | | | | | | | | | | | | |
| e. Effective date of filing: | | | | | | | | | | | | | | | | | | | | | |
| New Business | | | | | | | | | | | | | | | | | | | | | |
| Renewal Business | | | | | | | | | | | | | | | | | | | | | |
| f. State Filing #: | | | | | | | | | | | | | | | | | | | | | |
| g. SERFF Filing #: | | | | | | | | | | | | | | | | | | | | | |
| h. Subject Codes | | | | | | | | | | | | | | | | | | | | | |

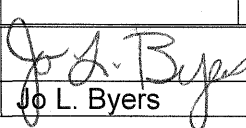
| | |
|-------------------------|---------------------|
| 3. Group Name | Group NAIC # |
| EMC Insurance Companies | 062 |

| 4. Company Name(s) | Domicile | NAIC # | FEIN # |
|---------------------------------------|----------|--------|------------|
| | | | |
| | | | |
| Union Insurance Company of Providence | IA | 21423 | 05-0230479 |
| EMC Property & Casualty Company | IA | 25186 | 63-0329091 |
| | | | |
| | | | |
| | | | |

| | |
|-----------------------------------|----------------------|
| 5. Company Tracking Number | AR-EB-2008-01 |
|-----------------------------------|----------------------|

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

| 6. Name and address | Title | Telephone #s | FAX # | e-mail |
|--|-----------------|---------------------------|--------------|-----------------------|
| Jo L. Byers P.O. Box 712 Des Moines, IA 50306-0712 | Filings Analyst | 800-247-2128 ext. 2707 | 515-345-2223 | Jo.L.Byers@EMCIns.com |
| | | | | |

| | |
|--|---|
| 7. Signature of authorized filer |  |
| 8. Please print name of authorized filer | Jo L. Byers |

Filing information (see General Instructions for descriptions of these fields)

| | |
|--|--|
| 9. Type of Insurance (TOI) | Employee Benefits |
| 10. Sub-Type of Insurance (Sub-TOI) | Employee Benefits |
| 11. State Specific Product code(s)(if applicable)[See State Specific Requirements] | |
| 12. Company Program Title (Marketing title) | Employee Benefits |
| 13. Filing Type | <input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description) |
| 14. Effective Date(s) Requested | New: 7/1/08 Renewal: 7/1/08 |

Property & Casualty Transmittal Document----

| | | |
|-----|--|---|
| 15. | Reference Filing? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 16. | Reference Organization (if applicable) | |
| 17. | Reference Organization # & Title | |
| 18. | Company's Date of Filing | 5/8/08 |
| 19. | Status of filing in domicile | <input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved |

| | | |
|-----|---|---------------|
| 20. | This filing transmittal is part of Company Tracking # | AR-EB-2008-01 |
|-----|---|---------------|

| | |
|-----|--|
| 21. | Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text] |
|-----|--|

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Our currently filed forms and endorsements for this program will be applicable to Union and EMC P&C. A listing of our currently filed forms and endorsements is attached.

| | |
|--|---|
| 22. | Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below] |
| <p>Check #: EFT Amount: 50.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p> | |

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

| | | | | | |
|-----------|---|--|--|--|---|
| 1. | This filing transmittal is part of Company Tracking # | | AR-EB-2008-01 | | |
| 2. | This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable) | | | | |
| 3. | Form Name /Description/Synopsis | Form # Include edition date | Replacement Or withdrawn? | If replacement, give form # it replaces | Previous state filing number, if required by state |
| 01 | See forms list attached | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 02 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 03 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 04 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 05 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 06 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 07 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 08 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 09 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 10 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |

| State | Number | Editor | LOB | Co | Current | Description | Eff Date | Appr Date | Special Action | Dept File # |
|-------|---------|--------|-----|----|-------------------------------------|--|-----------|------------|----------------|-------------|
| AR | EB7000 | 01-99 | EB | A | <input checked="" type="checkbox"/> | Employee Benefits Liability Dec | 2/1/2000 | 10/25/1999 | | |
| AR | EB7000A | 04-92 | EB | A | <input checked="" type="checkbox"/> | Employee Benefits Liability Dec-auto (M) | 3/15/1993 | 2/22/1993 | | |
| AR | EB7001 | 03-96 | EB | A | <input checked="" type="checkbox"/> | Employee Benefits Liab Cov Form (M) | 7/1/1996 | 5/9/1996 | | |
| AR | EB7001A | 04-92 | EB | A | <input checked="" type="checkbox"/> | Employee Benefits Sched - auto (M) | 3/15/1993 | 2/22/1993 | | |
| AR | EB7002 | 03-96 | EB | A | <input checked="" type="checkbox"/> | Quick Ref - Employee Benefits (M) | 7/1/1996 | 5/9/1996 | | |
| AR | EB7100 | 04-92 | EB | A | <input checked="" type="checkbox"/> | Opt Ext Report Period Endst (O) | 3/15/1993 | 2/22/1993 | | |
| AR | EB7101 | 03-96 | EB | A | <input checked="" type="checkbox"/> | Amendment of Def - Employee Benefit Prog(O | 7/1/1996 | 5/9/1996 | | |
| AR | EB7104 | 03-96 | EB | A | <input checked="" type="checkbox"/> | Amendment of Ext Reporting Per | 9/15/1996 | 8/15/1996 | | |
| AR | EB7132 | 01-00 | EB | A | <input checked="" type="checkbox"/> | AR Changes-Trans of Rights of Rec Ag Oth | 6/1/2000 | 3/27/2000 | | |